

# APPLICATION FOR FOOD SERVICE/HEALTH PERMIT

Circle One:      New Facility      or      Permit Renewal (each year)

Applications for New Facilities shall be accompanied by:

1.    Building Permit No. \_\_\_\_\_
2.    OSSF Permit No. \_\_\_\_\_
3.    Complete set of Blue Prints

<u>Permit Fees</u>	
1,000 sq. ft. and under	\$150.00
Over 1,000 sq. ft	\$300.00

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Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone: \_\_\_\_\_ Owners/Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Hours of Operation: \_\_\_\_\_ Number of Shifts: \_\_\_\_\_

Employees Per Shift: \_\_\_\_\_ Building Square Footage: \_\_\_\_\_

FOOD SERVICE PROVIDED: Provide information on types of food prepared or served. (A copy of your menu will satisfy this requirement.)

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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## FOR DEPARTMENT USE ONLY

DATE OF ISSUE: \_\_\_\_\_ DATE OF EXPIRATION: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF SANITARIAN: \_\_\_\_\_ Date: \_\_\_\_\_

